

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90189 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000036479**

1. Corporation Name
TOTAL CONCRETE FINISHES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 615 CAPE CORAL PKWY WEST
 UNIT 204
 CAPE CORAL FL 33914

Mailing Address
 PO BOX 1315
 CAPE CORAL FL 33910

3. Date Incorporated or Qualified
05/11/1994

4. FEI Number
65-0491133

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **2233 SW 12TH PL**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **2233 SW 12TH PL**
 Suite, Apt. #, etc.

22 City & State
 23 **CAPE CORAL FL**

27 City & State
 28 **CAPE CORAL FL**

24 Zip **33991** 25 Country **USA**
 29 Zip **33991** 30 Country **USA**

9. Name and Address of Current Registered Agent
JABLONSKI, JOSEPH A
3218 SW 6TH AVEN
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent
 81 Name **THOMAS S. LABARBERA**
 82 Street Address (P.O. Box Number is Not Acceptable)
2233 SW 12TH PL
 83
 84 City **CAPE CORAL FL** 85 Zip Code **33991**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-30-99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GUNNING, DONALD K
STREET ADDRESS	2126 SW 13TH AVE.
CITY-ST-ZIP	CAPE CORAL FL 33991
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JABLONSKI, JOSEPH A
STREET ADDRESS	3218 SW 6TH AVE.
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LABARBERA, THOMAS S
1.3 STREET ADDRESS	2233 SW 12TH PL
1.4 CITY-ST-ZIP	CAPE CORAL FL 33991
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LABARBERA, JAYE M
2.3 STREET ADDRESS	2233 12th PL
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33991
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4-30-99** DAYTIME PHONE # **941-772-2174**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)